

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90039 050 ****61.25

DOCUMENT # 728891

1. Entity Name

THE HEATHER PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

9100 NAKOMA WAY
BROOKSVILLE FL 34613

Mailing Address

9100 NAKOMA WAY
BROOKSVILLE FL 34613

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2033314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, THOMAS B
9100 NAKOMA WAY
BROOKSVILLE FL 34613

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, SAMUEL R	
STREET ADDRESS	9100 NAKOMA WAY	
CITY - ST - ZIP	WEEKI WACHEE FL 34613	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAGRECO, MICHAEL	
STREET ADDRESS	9100 NAKOMA WAY	
CITY - ST - ZIP	BROOKSVILLE FL 34613	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAIMONDI, ERNEST	
STREET ADDRESS	9100 NAKOMA WAY	
CITY - ST - ZIP	BROOKSVILLE FL 34613	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUST, JOHN	
STREET ADDRESS	9100 NAKOMA WAY	
CITY - ST - ZIP	BROOKSVILLE FL 34613	
TITLE	VT	<input type="checkbox"/> Delete
NAME	TAYLOR, THOMAS B	
STREET ADDRESS	9100 NAKOMA WAY	
CITY - ST - ZIP	WEEKI WACHEE FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cuccio, JOSEPH	
STREET ADDRESS	9100 Nakoma Way	
CITY - ST - ZIP	Weeki Wachee, FL 34613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRUZBLICK, JOHN	
STREET ADDRESS	9100 NAKOMA WAY	
CITY - ST - ZIP	Weeki Wachee FL 34613	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, Thomas B.	
STREET ADDRESS	9100 Nakoma Way	
CITY - ST - ZIP	Weeki Wachee FL 34613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Thomas Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07 352-596-5028

Date

Daytime Phone #